Q2 2022 Financial Results

CHAS MCKHANN, PRESIDENT & CEO | JEFF BLACK, CFO

AUGUST 2, 2022

Forward Looking Statements & Regulatory Advisory

Forward Looking Statements: Certain statements in this presentation are forward-looking statements that are subject to risks and uncertainties that could cause results to be materially different than expectations. In addition, there is uncertainty about the spread of the COVID-19 virus and the impact it may have on the Company's operations, the Company's financial outlook for future periods, the demand for the Company's products, the Company's liquidity position, global supply chains and economic activity in general. Important factors that could cause actual results to differ materially include: reports of adverse events related to our products, outcomes of clinical studies related to our products, development of competitive medical products by competitors, regulatory approvals and extensive regulatory oversight by the FDA or other regulatory authorities, unfavorable media coverage related to our products or related procedures, coverage and reimbursement decisions by private or government payors, Apollo's ability to support the adoption of its products and broaden its product portfolio; the potential size of Apollo's addressable markets; the execution of our gross margin improvement projects; global supply chain constraints; the effect of inflationary and/or recessionary pressure; foreign currency fluctuations; and the availability of cash for Apollo's future operations as well as other factors detailed in Apollo's periodic reports filed with the Securities and Exchange Commission, or SEC, including its Form 10-K for the year ended December 31, 2021 and Form 10-Q for the three months ended June 30, 2022. Copies of reports filed with the SEC are posted on Apollo's website and are available from Apollo without charge. These forward-looking statements are not guarantees of future performance and speak only as of the date hereof, and, except as required by law, Apollo disclaims any obligation to update these forward-looking statements to reflect future events or circumstances.

Non-GAAP Financial Measures: To supplement the Company's financial statements presented in accordance with U.S. generally accepted accounting principles (GAAP), the Company reports certain non-GAAP financial measures, including non-GAAP operating expenses, which exclude stock-based compensation. These supplemental measures of our performance are not required by, and are not determined in accordance with GAAP. The Company believes that these non-GAAP financial measures provide investors with an additional tool for evaluating the Company's core performance, which management uses in its own evaluation of continuing operating performance, and a baseline for assessing the future earnings potential of the Company. The Company's non-GAAP financial measures may not provide information that is directly comparable to that provided by other companies in the Company's industry, as other companies in the industry may calculate non-GAAP financial results differently. Non-GAAP financial results should be considered in addition to, and not as a substitute for, or superior to, financial measures calculated in accordance with GAAP.

Product Regulatory Advisory: This presentation is intended for the investment and financial community and not for the promotion of Apollo products or related procedures. The X-Tack is cleared for approximation of soft tissue in minimally invasive gastroenterology procedures (e.g. closure and healing of ESD/EMR sites, and closing of fistula, perforation or leaks). The Apollo Intragastric Balloon products are approved in the US as a weight loss aid for adults suffering from obesity, with a body mass index (BMI) ≥30 and ≤40 kg/m2, who have tried other weight loss programs, such as following supervised diet, exercise, and behavior modification programs, but who were unable to lose weight and keep it off. In addition, the Apollo Intragastric balloon has received a Breakthrough Device Designation from the U.S. Food and Drug Administration for use in treating patients with a BMI between 30-40 kg/m2 with noncirrhotic nonalcoholic steatohepatitis (NASH) with liver fibrosis. Outside of the US the indications for Apollo Intragastric Balloon products vary based on product version and local regulatory clearance. The Overstitch is cleared for the endoscopic placement of sutures and the approximation of soft tissue in the GI tract. The Apollo ESG and Apollo ESG Sx Systems are authorized in the US to be used by trained gastroenterologists or surgeons to facilitate weight loss in adults with obesity with Body Mass Index (BMI) between 30 and 50 kg/m^2 who have not been able to lose weight or maintain weight loss through more conservative measures. The Apollo REVISE and Apollo REVISE Sx Systems are authorized in the US to be used by trained gastroenterologists or surgeons that perform bariatric procedures to facilitate weight loss in adult patients with obesity with BMI between 30-50kg/m^2 by enabling transoral outlet reduction (TORe) as a revision to a previous bariatric procedure. Apollo has and continues to obtain clinical data on additional uses for its products, the safety and effectiveness of these uses has not been specifically cleared or approved for commercial purposes by the U.S. Food and Drug Administration.

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large, expanding market opportunities

Global presence with 3 products across multiple indications

revitalized organization

Experienced & expanded leadership team building world-class foundation to accelerate growth

transforming growth trajectory

by prioritizing **key initiatives**:

energize

Invest to build a foundation for growth

accelerate

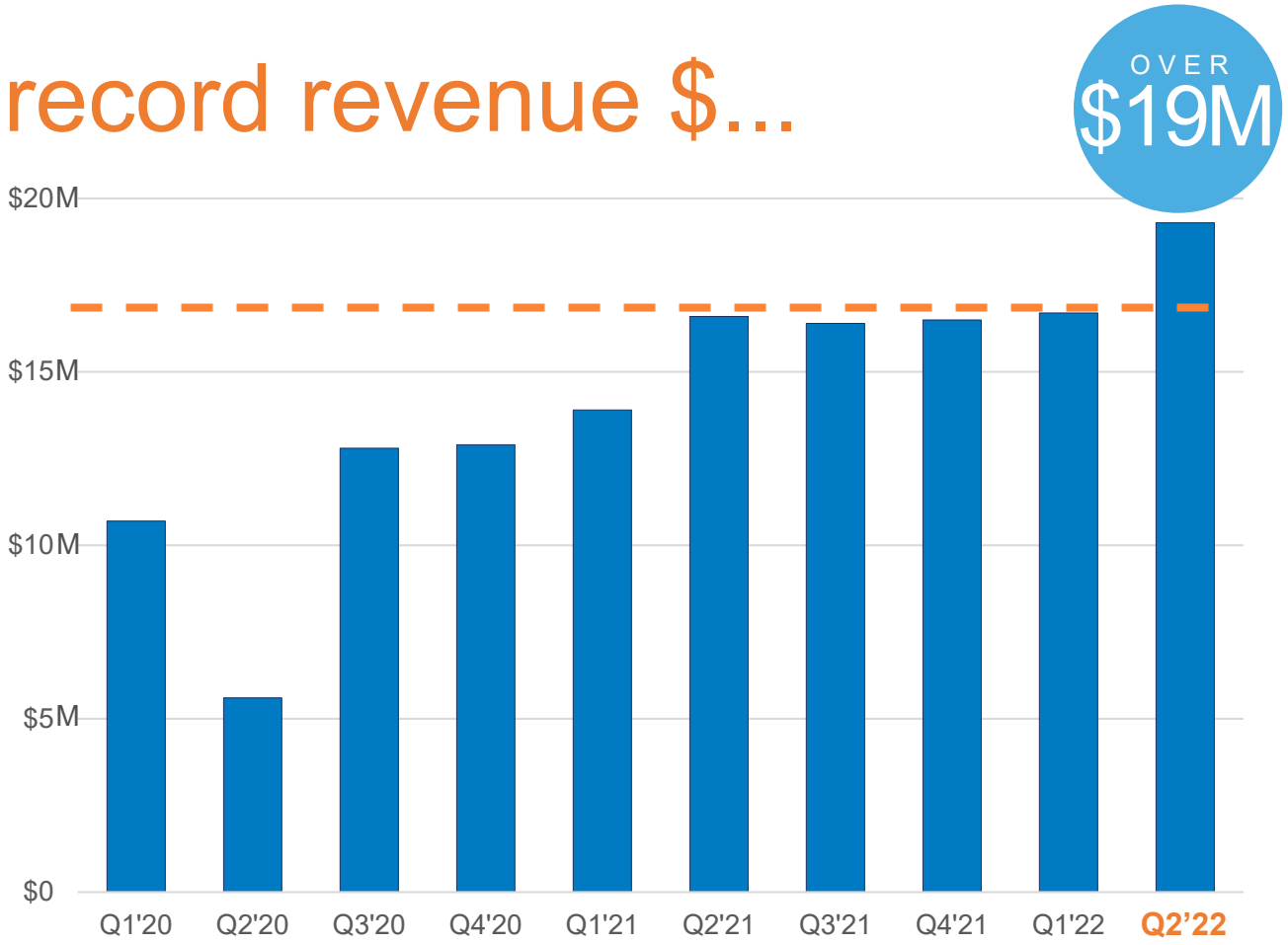
Leverage new clinical indications & applications

lead

Become the standard of care

Record Q2 Revenue + Future Growth Catalysts Secured

record revenue $...



… AHEAD of recent growth catalysts

FDA authorizations

Apollo ESG™ and Apollo Revise™ authorized & ready for commercialization

top-tier publication

MERIT study published in THE LANCET

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Q2’22 Metrics Demonstrate Strong Execution

CONSTANT CURRENCY

20%

Total revenue growth YoY

Expanded adoption across all product lines drove 18% sequential growth in constant currency

27%

ESS revenue growth YoY

Robust demand for OverStitch® and X-Tack® across range of patient indications

9%

IGB revenue growth YoY

Elective procedure recovery + AGA clinical practice guidelines + increased marketing focus building excitement for Orbera®

GAAP

16%

Total revenue growth YoY

US growth of 18%; int’l growth of 15% with 700bps of Fx impact; global revenue sequential growth of 16%

23%

ESS revenue growth YoY

Strong US growth of 22% and int’l growth of 24% with 900bps of Fx impact

6%

IGB revenue growth YoY

Solid US growth of 7%; OUS growth of 5% with 500bps of Fx impact

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Financials

Revenue

CONSTANT CURRENCY

	Q2 2021			Q2 2022			YoY		
	US	OUS	TOTAL	US	OUS	TOTAL	US	OUS	TOTAL
ESS	$6.9M	$3.8M	$10.6M	$8.4M	$5.1M	$13.5M	22%	35%	27%
IGB	$2.1M	$3.7M	$5.7M	$2.2M	$4.0M	$6.3M	7%	10%	9%
Other	$0.2M	--	$0.2M	$0.2M	--	$0.2M	(20%)	--	(19%)
TOTAL	**$9.2M**	**$7.4M**	**$16.6M**	**$10.8M**	**$9.1M**	**$19.9M**	**18%**	**23%**	**20%**

GAAP

	Q2 2021			Q2 2022			YoY		
	US	OUS	TOTAL	US	OUS	TOTAL	US	OUS	TOTAL
ESS	$6.9M	$3.8M	$10.6M	$8.4M	$4.7M	$13.0M	22%	24%	23%
IGB	$2.1M	$3.7M	$5.7M	$2.2M	$3.8M	$6.1M	7%	5%	6%
Other	$0.2M	--	$0.2M	$0.2M	--	$0.2M	(20%)	--	(19%)
TOTAL	**$9.2M**	**$7.4M**	**$16.6M**	**$10.8M**	**$8.5M**	**$19.3M**	**18%**	**15%**	**16%**

- Investments continue to drive portfolio-wide strength and generated **record revenue quarter** led by 27% ESS growth
- **16% sequential growth in X-Tack** + clinical validation at DDW
- **Fx (primarily Euro*) a material headwind**, costing ~700bps of OUS growth or $0.6M
- **53% growth** in top 10 direct accounts

Numbers may not add and percentages may not foot due to rounding. *Euro exchange rate at June 30, 2021 ~1.19 vs ~1.05 at June 30, 2022.

FY'22 Revenue Guidance

Continued strong momentum despite material Fx headwinds

Impact of new FDA marketing authorization for Apollo ESG™ & Apollo Revise™ will build gradually

Euro exchange rate down ~11% since beginning of 2022[1]

In line with target revenue CAGR

1. Euro exchange rate at January 1, 2022 ~1.14 vs ~1.02 at July 31, 2022.

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Gross Margin

	Q2 2021	Q2 2022	YoY
Gross Margin $	$9.1M	$11.0M	20%
Gross Margin %	54.9%	56.8%	+190bps
Gross Margin % (constant currency)		58.1%	+320bps

- YoY GM% increase attributed to product mix, cost improvements & improved overhead absorption on higher revenue base
- Q2'22 GAAP GM pressured by Fx - continued headwinds anticipated in 2H

TODAY

mid-50%s

- Early product ramp
- Manufacturing scale-up
- Managing supply chain complexities

3-5 YEAR OUTLOOK

mid-60%s

Expected expansion driven by:

- Sales growth
- Product mix
- Overhead absorption efficiencies
- Cost reduction projects for OverStitch®

Numbers may not add and percentages may not foot due to rounding.

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Non-GAAP Operating Expenses

Prudently investing to facilitate growth initiatives

	Q2 2021	% of Revenue	Q2 2022	% of Revenue
S&M	$5.8M	35%	$8.7M	45%
R&D	$2.4M	14%	$2.7M	14%
G&A	$3.2M	19%	$4.1M	21%
Total	**$11.4M**	**69%**	**$15.5M**	**80%**

- S&M investments driving adoption, increasing penetration, expanding footprint and preparing for commercialization of Apollo ESG™ and Apollo Revise™
- Strengthening capabilities in R&D, clinical, regulatory, and reimbursement + investing to drive GM improvement and supply chain reliability
- Thoughtfully assessing investments outside of core growth initiatives

Numbers may not add and percentages may not foot due to rounding. | Non-GAAP operating expenses exclude non-cash stock-based compensation and intangible amortization

Cash Use & Financing Highlights

Multi-year runway with line of sight to cash flow break-even

$140M **cash and committed cash** at June 30, 2022

$75M+ in cash and cash equivalents

Up to **$40M** in committed debt capital to fund operating needs*

Up to **$25M** in committed debt capital for M&A opportunities*

~$125M **expected cash & committed cash** at December 31, 2022

>$60M in cash & cash equivalents

~$30M cash use FY'22

CASH USE[1]	Q1 2022	Q2 2022
Operating	$ 5.3M	$ 4.6M
Working Capital	$ 2.9M	$ 1.3M
Capex	$ 0.5M	$ 0.4M
Debt Service	$ 0.4M	$ 0.7M
TOTAL	$ 9.1M	$ 7.0M

~$2M sequential decline in cash use

1. Cash use table derived from Consolidated Statement of Cash Flows included in the Company's Form 10-Q for the period ended June 30, 2022.. *Future draws available under the Company's credit facility with Innovatus Capital Partners should the Company meet certain revenue milestones. – further detail in press release issued 12/21/21.

Our Business at Scale

Balance sheet + committed capital to achieve cash flow break-even

Illustrative Model[1]

"Base Case" Target Metrics	$100M	$150M	$200M
Revenue	$100M	$150M	$200M
Gross margin %	~60%	~65%	~65%
Non-GAAP Opex %[2]	~75%	~65%	~60%
Adjusted EBITDA %	–	+	+
Free-Cash Flow	–	Break even	+

investment decisions that may accelerate growth beyond 'base-case'

1. These figures represent targeted achievement levels based on various revenue levels. Achievement of these illustrative targets depends on a variety of factors, some if which may not be within the Company's control and cannot be anticipated at this time. The Company may decide to prioritize achievement of other metrics in the future. You should not rely on this model or illustrative targets as predictions of future results.
2. Non-GAAP operating expenses exclude non-cash stock-based compensation and intangible amortization.

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Strategic Priorities

2022 Priorities

Initiatives to accelerate growth across products & geographies

Expand Core GI Defect Closure & Fixation

continuing to drive OverStitch® adoption & X-Tack® penetration; OUS expansion

Leverage Orbera® Resurgence

creating sustainable growth in endobariatric practices

Launch Apollo ESG™ & Apollo Revise™

leveraging foundational groundwork to initiate successful commercial releases

Advance the Organization

investing to create a world-class foundation for growth

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Years of Effort Have Culminated in Validation: New Authorizations + Top-Tier Publication

FDA MARKET AUTHORIZATION

The FDA authorized for marketing the Apollo ESG & Revise Systems, the **first FDA-authorized systems for endoscopic sleeve gastroplasty**, a minimally invasive procedure **to facilitate weight loss**. It is intended for adults with obesity (BMI 30-50 kg/m^2) who have not been able to lose weight or maintain weight loss through more conservative measures such as diet and exercise.

THE LANCET

Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial

Barham K Abu Dayyeh, Fateh Bazerbachi, Eric J Vargas, Reem Z Sharaiha, Christopher C Thompson, Bradley C Thaemert, Andre F Teixeira, Christopher G Chapman, Vivek Kumbhari, Michael B Ujiki, Jeanette Ahrens, Courtney Day, the MERIT Study Group, Manoel Galvao Neto, Natan Zundel, Erik B Wilson

Implications of all the available evidence
The MERIT study proves that ESG is scalable and can be offered in outpatient endoscopy practices by surgeons or gastro-enterologists, with an excellent safety profile, without mortality, and with predictable conservatively managed adverse events.

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Landmark Study Publication THE LANCET

“A global advancement in the fields of bariatrics and endoscopy.”[1]

Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial

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UTHealth
The University of Texas Health Science Center at Houston

1. DR. ERIK WILSON
Professor & Vice Chair of Surgery: Co-principal investigator

MAYO CLINIC

2. DR. BARHAM ABU DAYYEH
Professor of Medicine & Director of Advanced Endoscopy

> In addition to weight loss, [MERIT] demonstrated clinically **meaningful improvements in obesity related comorbidities**.[2]

> …we finally have an endoscopic procedure that has proven to be **safe, effective, and durable** out to at least two years in a randomized controlled trial.[1]

> …an important tool for both surgeons & gastroenterologists to help **address the global obesity epidemic**.[1]

Abu Dayyeh BK, Bazerbachi F, Vargas EJ, et al. Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial. *Lancet*. Vol 400. July 28, 2022. Epub ahead of print.

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ESG is the ONLY procedure that delivers on all fronts:

>10K patients in published studies

FDA authorization for both primary (Apollo ESG™) AND bariatric revision (Apollo REVISE™) procedures

level 1 evidence MERIT Study[1] published in THE LANCET

endoscopic approach same day, no incisions, fast recovery

effectiveness 49% EWL in MERIT[1]; 15-20% TBWL in global published experience[2,3]

safety 2% rate of serious adverse events (Clavien-Dindo grade 3 or more)

durability 2 years in MERIT[1]; up to 5 years in published literature[2]

[1]Abu Dayyeh BK, et al. Endoscopic sleeve gastroplasty impact on obesity and comorbidities: results from a US prospective, multicenter, randomized clinical trial with 104 weeks follow-up. Digestive Disease Week; May 24, 2022. Oral presentation. [2]Sharaiha RZ, et al. Five-year outcomes of endoscopic sleeve gastroplasty for the treatment of obesity. Clin Gastroenterol Hepatol. 2021 May;19(5):1051-1057. [3]Gainey CS, et al. Endoscopic sleeve gastroplasty in class III obesity: weight loss and metabolic outcomes in 339 consecutive patients. Digestive Disease Week; May 24, 2022. Oral presentation

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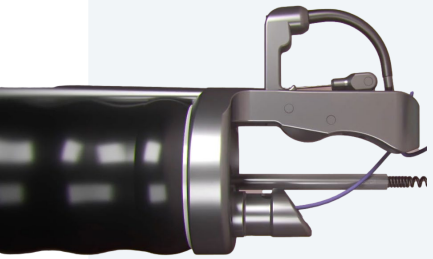
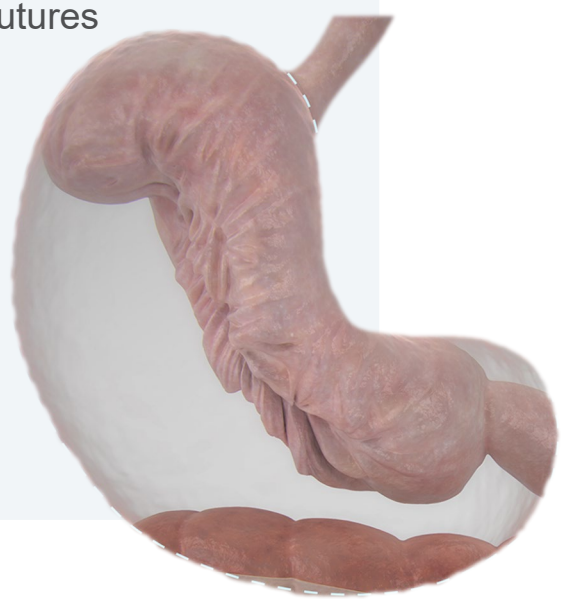
FDA Authorization of Apollo ESG™

Door has opened to address a **significant unmet need less invasively**

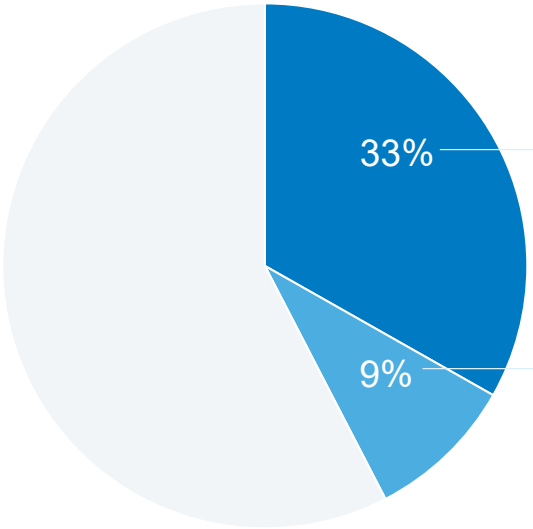
WHAT IS ESG?

Endoscopic Sleeve Gastroplasty is intended to be a minimally invasive weight loss procedure. ESG utilizes OverStitch™ and a camera, which are passed down the esophagus to the stomach. There, permanent sutures are placed to reduce stomach volume.





U.S. ADDRESSABLE MARKET



86M U.S. Adults with BMI 30-40[1]

24M U.S. Adults with BMI >40[1]

<0.2% have historically received surgical treatment[2]

58% of patients we surveyed haven't considered surgical treatment due to concerns about side effects & complications of surgery[3]

1. U.S. Census and National Health & Nutrition Survey (NHANES) 2017-2018. | 2. O'Brien P. Surgical Treatment of Obesity. Endotext (Internet). | 3. Independent third-party study by Werley Marketing. ESG Concept Evaluation. Nov 2021. N = 1,171.

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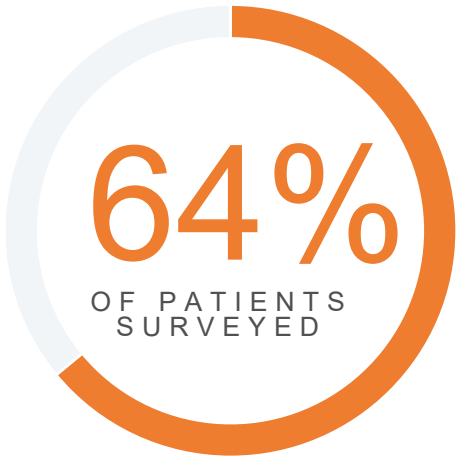
Patients Excited About Less Invasive Treatment

Extending the addressable opportunity beyond the market for surgical treatment



Very interested (34%) or interested in ESG

Likely to see a doctor to learn more about ESG

DRIVERS

46% no surgical cuts

44% significant weight loss

43% long lasting loss

DUE TO LEVEL OF SURGICAL INTERVENTION:

2x Greater preference **for ESG over LSG**

4x Greater preference for **ESG over gastric bypass**

"I like the idea of this. The **non-surgical part is very appealing.**"

"I'm **ecstatic** after reading about it! I would love to know more!"

Werley Marketing ESG Concept Evaluation. November 2021. N= 1,171.

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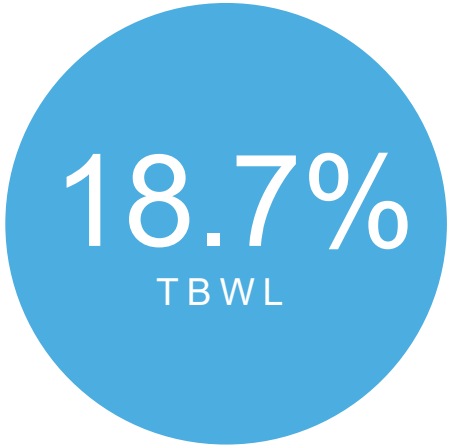
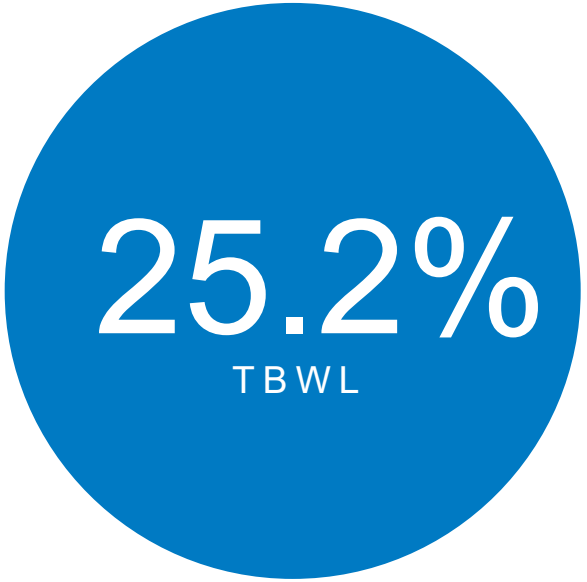
Recent Publication: Potential for Combination Therapy*

Combination of ESG + GLP-1 weight loss drugs may impact treatment paradigm

ESG



ESG + SEMAGLUTIDE[1]



AUTHOR'S "KEY POINTS"

- Endoscopic bariatric therapies have not achieved bariatric surgery outcomes on their own
- ESG and semaglutide (ESG-S) approached bariatric surgery weight loss outcomes at 12 months
- Combination therapy may be a less-invasive alternative to bariatric surgery for managing obesity and its complications

JOHNS HOPKINS MEDICINE · Cornell University · FIU FLORIDA INTERNATIONAL UNIVERSITY · angioskope

1. 58 participants undergoing ESG in a small, randomized study were assigned to take semaglutide at a maximum dose of 1.5 mg/week or placebo, starting from within 1 month of the procedure. From around 6 months, weight loss in the semaglutide group began to outstrip that of the placebo group. Outcomes shown were for TBWL at 12 months. | 2. McDermid, E. Semaglutide boosts weight loss of minimally invasive gastric procedure. Medicine Matters diabetes. 5-19-21 . * See regulatory advisory statement on slide 2.

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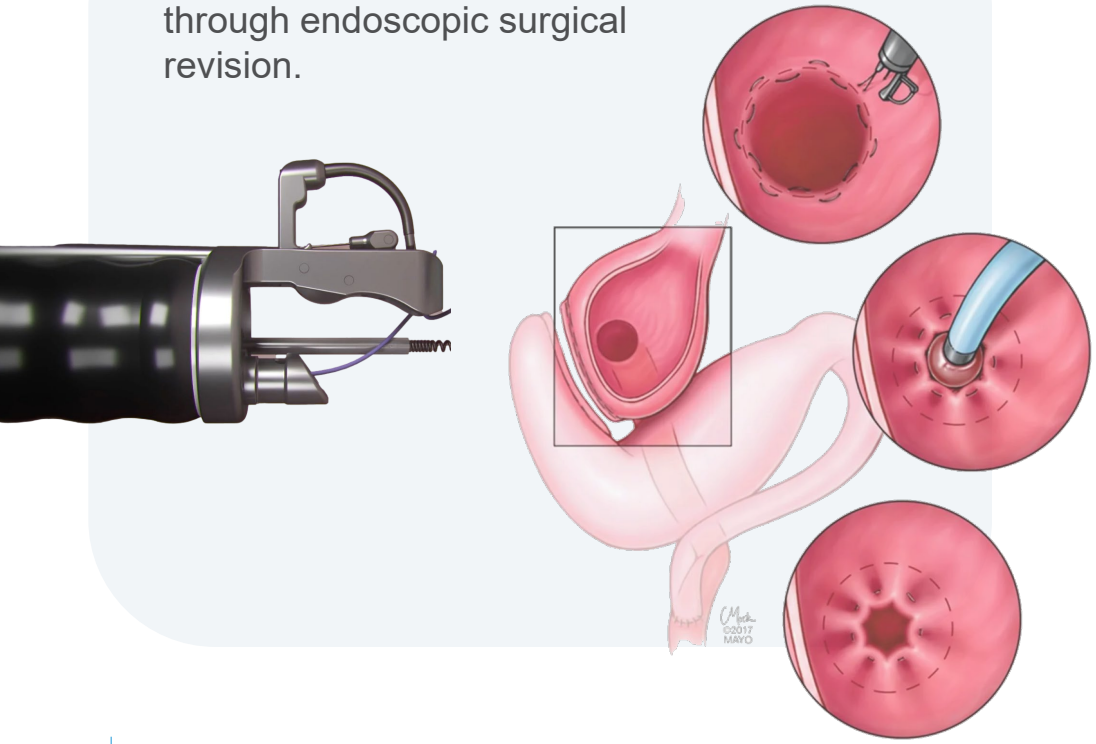
FDA Authorization of Apollo Revise™

Equipping physicians with an efficacious, less invasive solution for revision surgery

WHAT IS REVISION SURGERY?

Anatomically-driven weight regain following gastric bypass surgery can be corrected through endoscopic surgical revision.



REVISION CANDIDATES

1.4M U.S. adults received a gastric bypass or gastric sleeve procedure between 2011 and 2019[1]

~28% of adult bariatric surgery patients undergo revision surgery[2]

fastest growing segment of bariatric surgery market[3]

1. American Society for Metabolic and Endobariatric Surgery | 2. Hjorth S, Näslund I, Andersson-Assarsson JC, et al. Reoperations After Bariatric Surgery in 26 Years of Follow-up of the Swedish Obese Subjects Study. *JAMA Surg.* 2019;154(4):319–326. doi:10.1001/jamasurg.2018.5084. | 3. ASMBS. Estimates of bariatric surgery numbers, 2011-2020.

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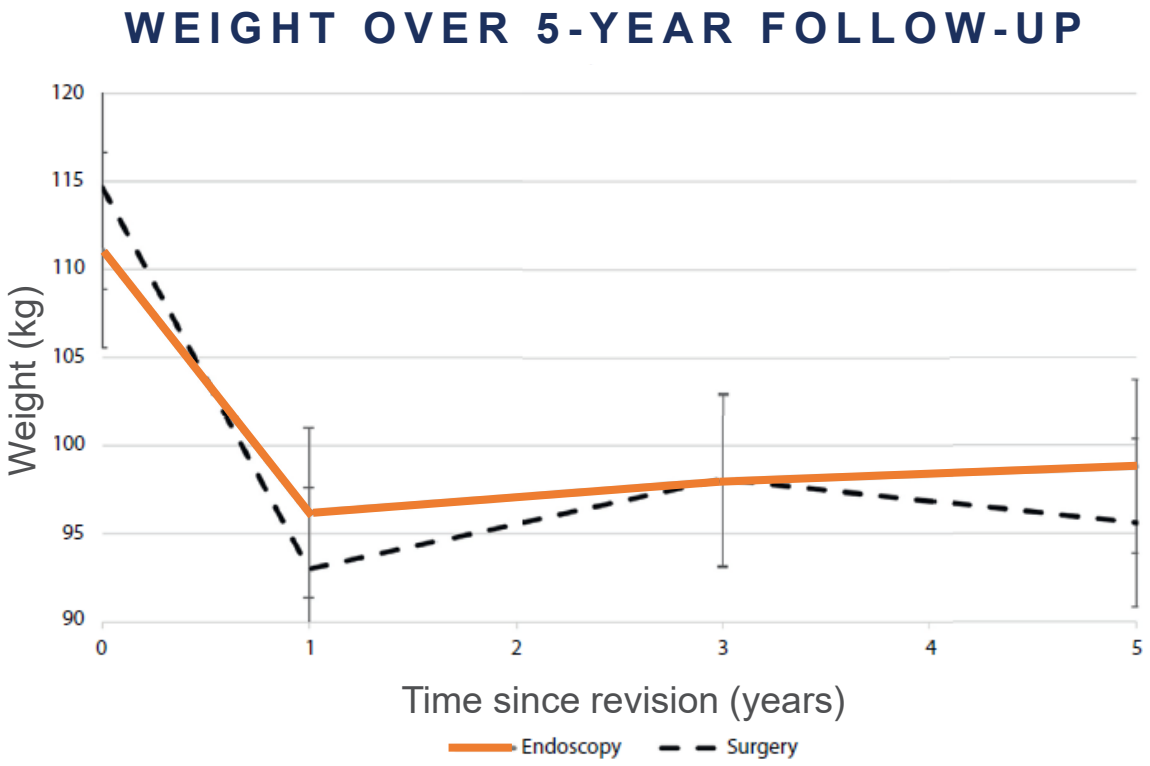
5-Yr Study: Endoscopic v. Surgical Revisions

Peer-reviewed Brigham & Women's study demonstrated **equivalent efficacy** & **improved safety profile**



	ENDO	SURGICAL	p
Efficacy at 5 years	**11.5%** TBWL	**13.1%** TBWL	0.67
Adverse events	**6.5%**	**29.0%**	0.04
Safety profile	**0%** SAE rate	**19.4%** SAE rate	0.024

Dolan, et al; Endoscopic versus surgical gastrojejunal revision for weight gain in Roux-en-Y gastric bypass patients: 5-year safety and efficacy comparison. Gastrointestinal Endoscopy. 2021.

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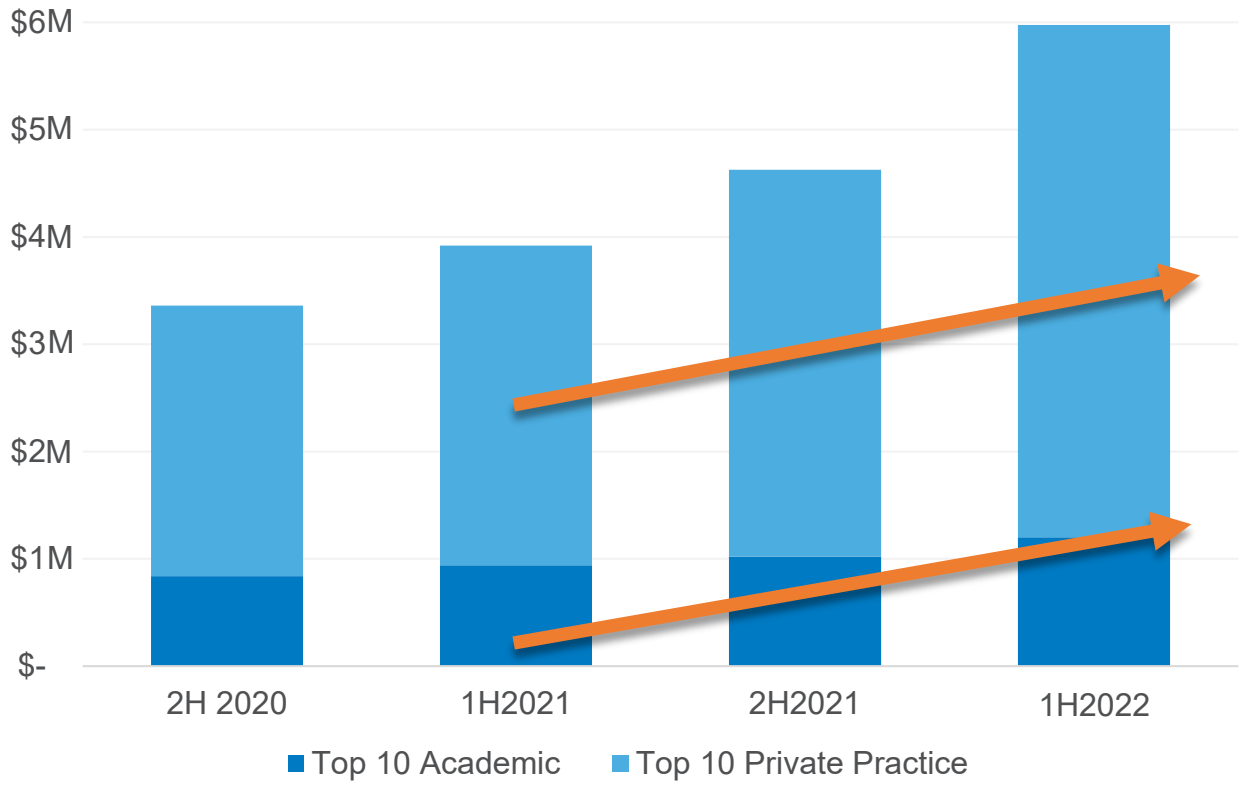
Market Adoption Already Underway

Early adopters have embraced endobariatrics in both academic and private practice settings



>50% of 1H'22 U.S. revenue driven by endobariatric weight loss*

60% Growth of revenue contribution from top 10 private accounts 1H'21 to 1H'22

28% Growth of revenue contribution from top 10 academic accounts 1H'21 to 1H'22*

* Management estimate. *Majority or entirety of revenue for selected academic accounts is endobariatric.

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Foundation for Successful Commercialization

Marketing & Medical Education

Patient market research
Branding & messaging
DTP co-marketing (starting with Orbera®)
Public relations
Major conferences (DDW, ASMBS, IFSO, ACG)
Peer to peer education programs

Reimbursement & Market Access

Dedicated & growing R&MA team
Patient access support
Engaging key GI and Surgical societies
Coding/coverage/payment strategy
Health economics/value proposition

PRODUCT LAUNCH

Training

Apollo courses and Mobile Learning Center
Society-sponsored training (e.g., ASGE, ASMBS)
Physician proctoring
Virtual training resources

Sales Team Readiness

Learnings from “Wave 1” accounts
Dedicated Regional Endobariatric Manager roles
Comprehensive account support
Sales process and training

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Focusing Team for Sharp Execution

Expanding footprint of REM (Regional Endobariatric Mgmt) team

MARKET DEVELOPMENT MANAGERS (MDM)

- Product education, training & procedural expertise across all product lines
- Case coverage

REGIONAL ENDOBARIATRIC MANAGERS (REM)

- Endobariatric customer relationships focus + new account identification & development
- Patient support

- Expanding US Sales team toward ~40 by year end
- Increasing productivity among 65% of talent added since 2021
- Propagating service culture
- Enhancing Sales Training
- Improving analytics with CRM
- Expanding marketing and physician training capabilities

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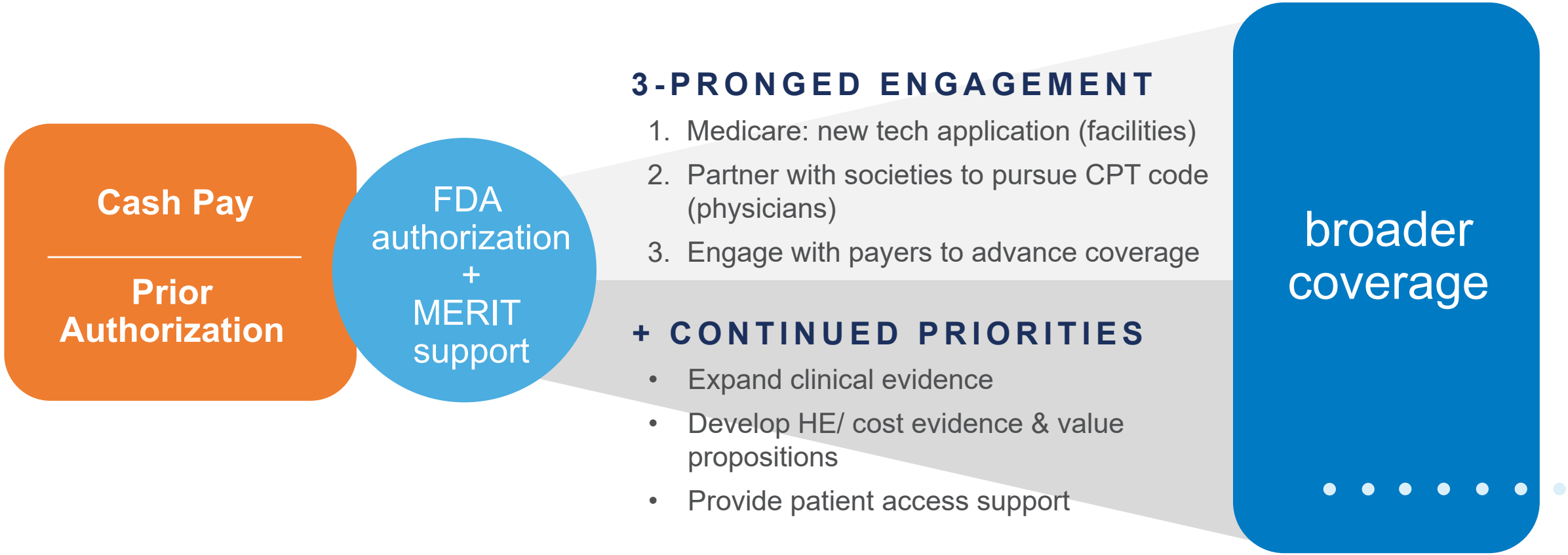
Engaging Providers to Improve Access to Care

Well-informed strategy to achieve broader, evidence-supported reimbursement over time



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Endobariatric Solutions Beget a Win-Win

Patients and providers benefit from best-in-class weight loss options

PATIENTS

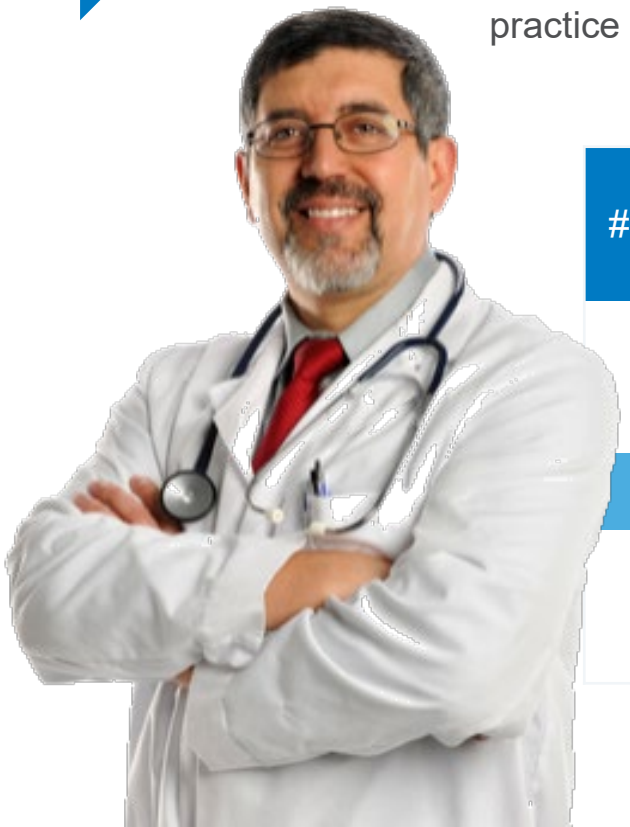
Better, customizable weight loss treatment options (Orbera, ESG or Revisions)

~$10-12K
cash pay

PHYSICIANS & PRACTICES

Differentiated patient care with positive outcomes & support to grow practices

Can integrate into existing bariatric surgery practice or standalone endobariatric practice



# cases/ week	$ Annual practice revenue
2	$1.0M
5	$2.5M
10	$5.0M
15	$7.5M
20	$10.0M

Illustrative practice – level opportunity for practice that offers ESG, revisions & Orbera and utilizes cash pay model

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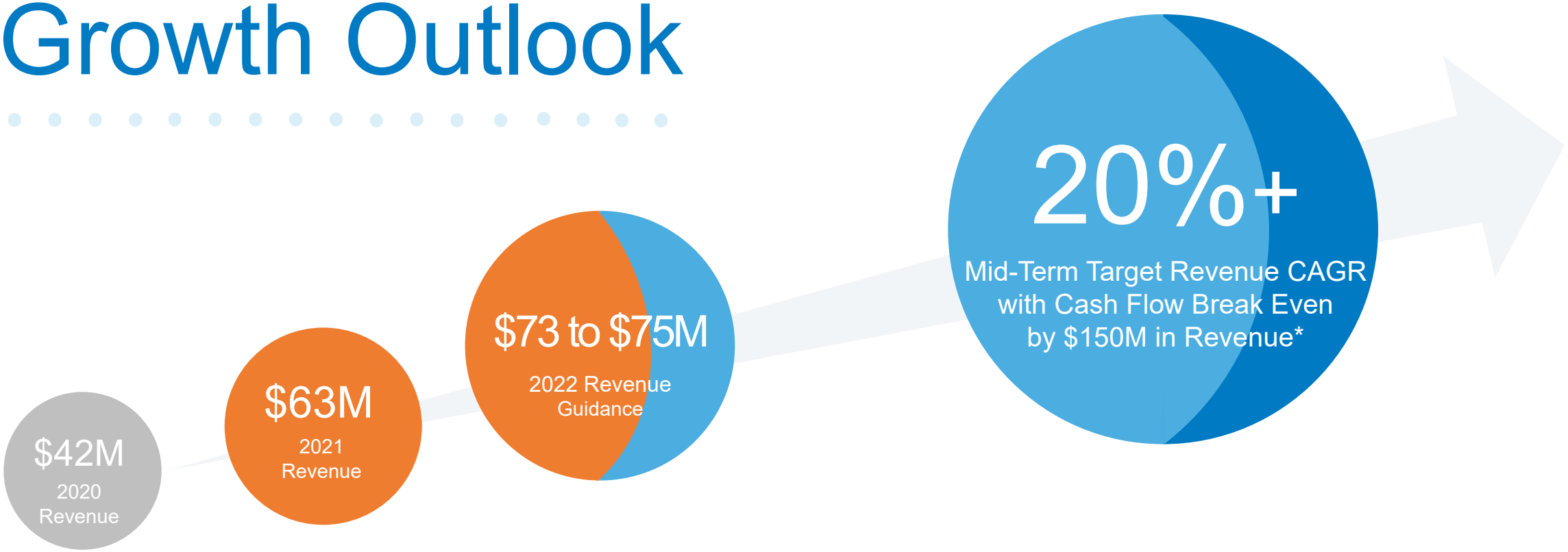
Growth Outlook



energize

Invest to build a foundation for growth

accelerate

Leverage new clinical indications and applications

lead

Become the standard of care

* See table on slide 12.

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Thank You!

UPCOMING I.R. ACTIVITY

Lake Street Big Ideas Conference – September 14 (New York)
Stifel Healthcare Conference 2022 – November 15-16 (New York)
Stephens Annual Investment Conference – November 15 – 17 (Nashville)
Craig Hallum Alpha Select Conference – November 17 (New York)
2022 Piper Sandler Healthcare Conference - November 29 – December 1 (New York)

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Appendix

Appendix: Selected Financial Results

In $MM except %s	FY 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	FY 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	FY 2021	Q1 2022	Q2 2022
Revenue	**$50.7**	**$10.7**	**$5.6**	**$12.8**	**$12.9**	**$42.0**	**$13.9**	**$16.6**	**$16.4**	**$16.2**	**$63.0**	**$16.7**	**$19.3**
Gross Margin	**50.6%**	**52.6%**	**43.0%**	**54.5%**	**55.9%**	**52.9%**	**54.2%**	**54.9%**	**56.4%**	**56.3%**	**55.5%**	**56.3%**	**56.8%**
S&M	$28.7	$6.3	$2.3	$4.2	$4.6	$17.4	$4.8	$6.0	$6.1	$7.4	$24.3	$8.2	$9.1
G&A	$13.6	$3.3	$2.2	$2.4	$3.2	$11.1	$4.1	$5.3	$4.6	$4.5	$18.4	$5.2	$5.0
R&D	$10.4	$2.1	$1.8	$1.5	$2.2	$7.7	$1.9	$2.6	$2.6	$2.5	$9.5	$2.7	$2.9
Amortization	$2.1	$0.5	$0.5	$0.5	$0.5	$1.9	$0.5	$0.5	$0.5	$0.5	$1.9	$0.5	$0.5
Total operating expenses	**$49.2** [1]	**$12.3**	**$6.7**	**$8.6**	**$10.4**	**$38.0**	**$11.3**	**$14.4**	**$13.7**	**$14.8**	**$54.2**	**$16.6**	**$17.5**
Loss from operations	($23.5)	($6.7)	($4.3)	($1.6)	($3.2)	($15.8)	($3.8)	($5.2)	($4.5)	($5.7)	($19.2)	**($7.2)**	**($6.6)**
Net Loss	($27.4)	($10.3)	($6.3)	($2.6)	($3.5)	($22.6)	($4.6)	($3.0)[2]	($6.7)	($10.4)	($24.7)	($8.2)	($10.4)
Adjusted EBITDA	($23.2)	($5.3)	($2.9)	($0.3)	($1.7)	($10.2)	($2.0)	($1.9)	($2.5)	($3.5)	($9.9)	($5.0)	($4.3)
Net Loss per Share	($1.27)	($0.49)	($0.30)	($0.11)	($0.14)	($0.99)	($0.17)	($0.11)	($0.23)	($0.27)	($0.82)	($0.21)	($0.26)
Shares used in Net Loss per Share	21.5	21.1	21.2	23.1	25.6	22.8	26.3	27.3	29.0	38.3	30.2	39.7	40.4

1. 2019 operating expense includes settlement gain of $5,609 from Allergan Inc.
2. Second quarter 2021 includes a gain on debt forgiveness of $2,852

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Non-GAAP Reconciliation

Operating Expenses

In $M	Q2 2021	Q2 2022
S&M	**$6.0**	**$9.1**
Less: Stock-Based Comp in S&M	$0.2	$0.4
Non-GAAP R&D	**$5.8**	**$8.7**
R&D	**$2.6**	**$2.9**
Less: Stock-Based Comp in R&D	$0.2	$0.3
Non-GAAP S&M	**$2.4**	**$2.7**
G&A	**$5.3**	**$5.0**
Less: Stock-Based Comp in G&A	$2.1	$1.0
Non-GAAP G&A	**$3.2**	**$4.1**

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Capitalization

$310M Market cap + pre-funded warrants[1]

Share Price (as of 08/01/2022)	$5.77
Average Daily Volume	354,000
52-Week Range	$3.49 / $10.39
Market Capitalization	$234 million
+ Pre-Funded Warrants[1]	$310 million

$289M Enterprise value + pre-funded warrants[1]

Long-Term Debt[2] (as of 06/30/2022)	$35 million
Convertible Debt[3] (as of 06/30/2022)	$20 million
Cash (as of 06/30/2022)	$76 million
Enterprise Value [1]	$213 million
+ Pre-Funded Warrants[1]	$289 million

1. Market Capitalization and Enterprise Value with Pre-Funded Warrants are non-GAAP items. Common shares outstanding at June 30, 2022 were 40,515,646. Pre-funded warrants outstanding at June 30, 2022 were 13,244,429. | 2. Long-Term Debt – Matures December 2027, Senior secured, Interest at WSJ Prime plus 3.25%, interest only through February 1, 2027 | 3. Convertible Debt – Matures August 2026, Interest at 6%, payable in stock, conversion price of $3.25 (or 6,290,932 common shares)

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